

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/577488	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3		1		1			53				
4		1		1			54				
5	1	1					55				
6	1						56				
7	1						57				
8		7		1			58				
9		7		1			59				
10		7		1			60				
11		7		1			61				
12		2					62				
13		2					63				
14	1						64				
15	1						65				
16		2					66				
17		2					67				
18	1						68				
19		1					69				
20	1						70				
21		1					71				
22		2					72				
23							73				
24							74				
25							75				
26							76				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	7		1				TOTAL IND.				
TOTAL DEP.	44		6				TOTAL DEP.				
TOTAL CLAIMS	51		7				TOTAL CLAIMS				

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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